

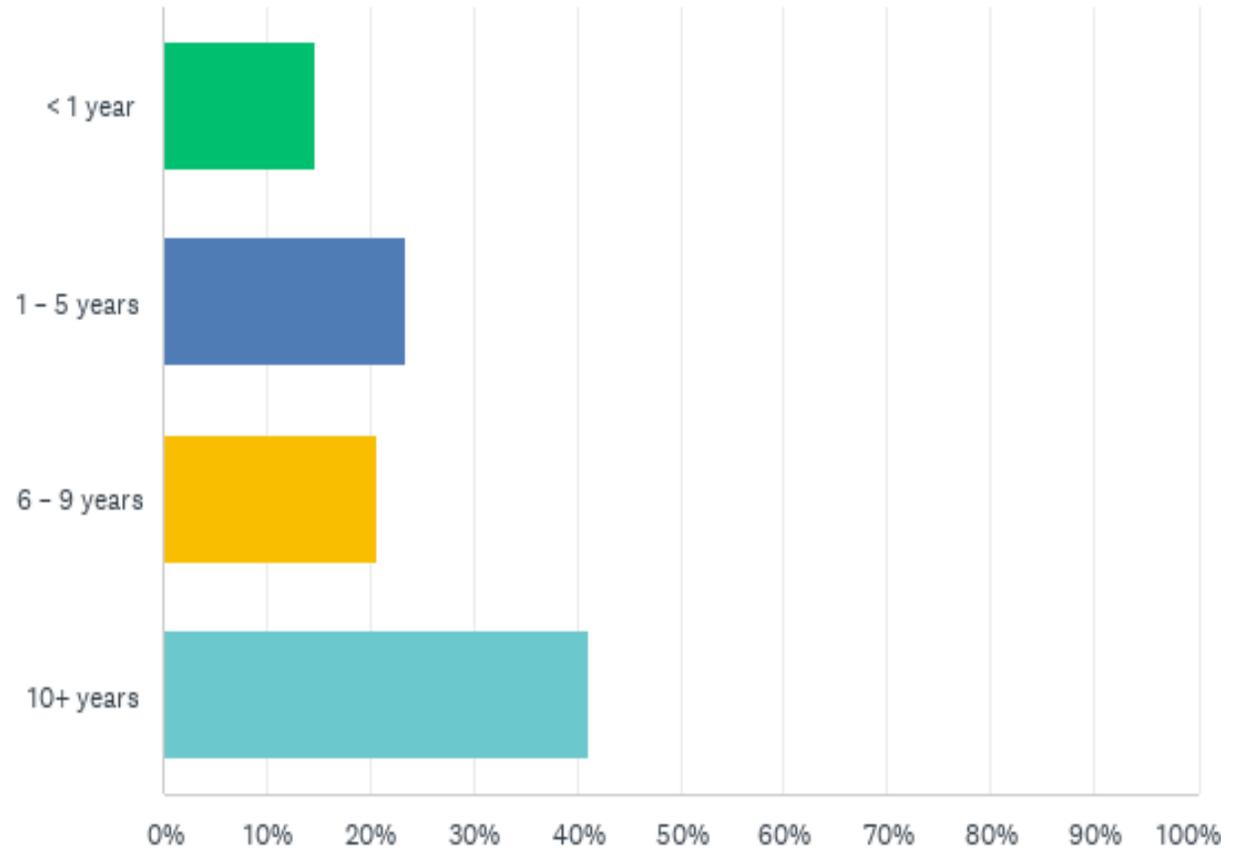
# NHFF Medical Case Manager Needs Assessment 2021

# Why do a Medical Case Manager Needs Assessment?

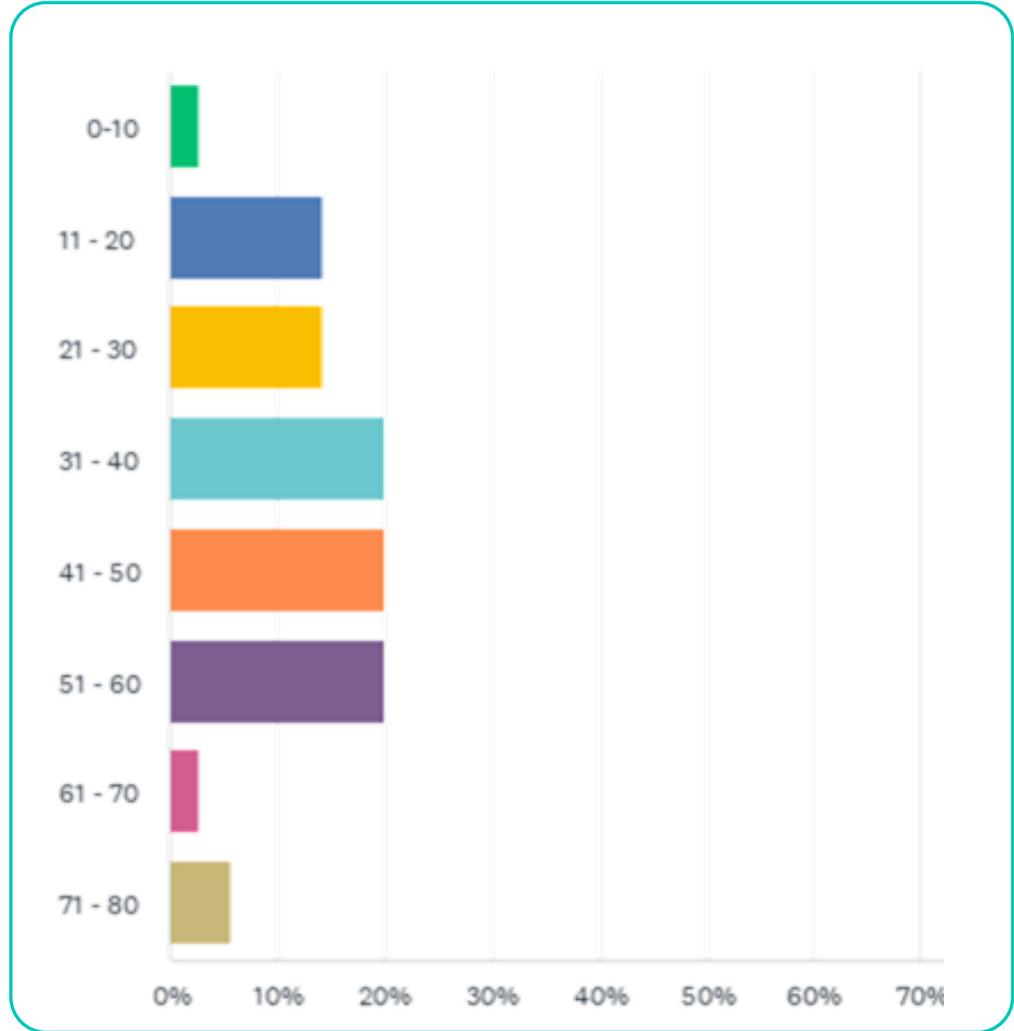
The New Haven/Fairfield Ryan White Planning Council decided to ask all medical case managers in our Eligible Metropolitan Area (EMA) for their feedback regarding their roles and what they hear from their clients about service delivery.

This needs assessment was completed by 35 case managers in July 2021 and the following are the results.

# HOW LONG HAVE YOU BEEN WORKING AS A CASE MANAGER?



# HOW MANY CASES ARE ON YOUR CURRENT CASE LOAD?



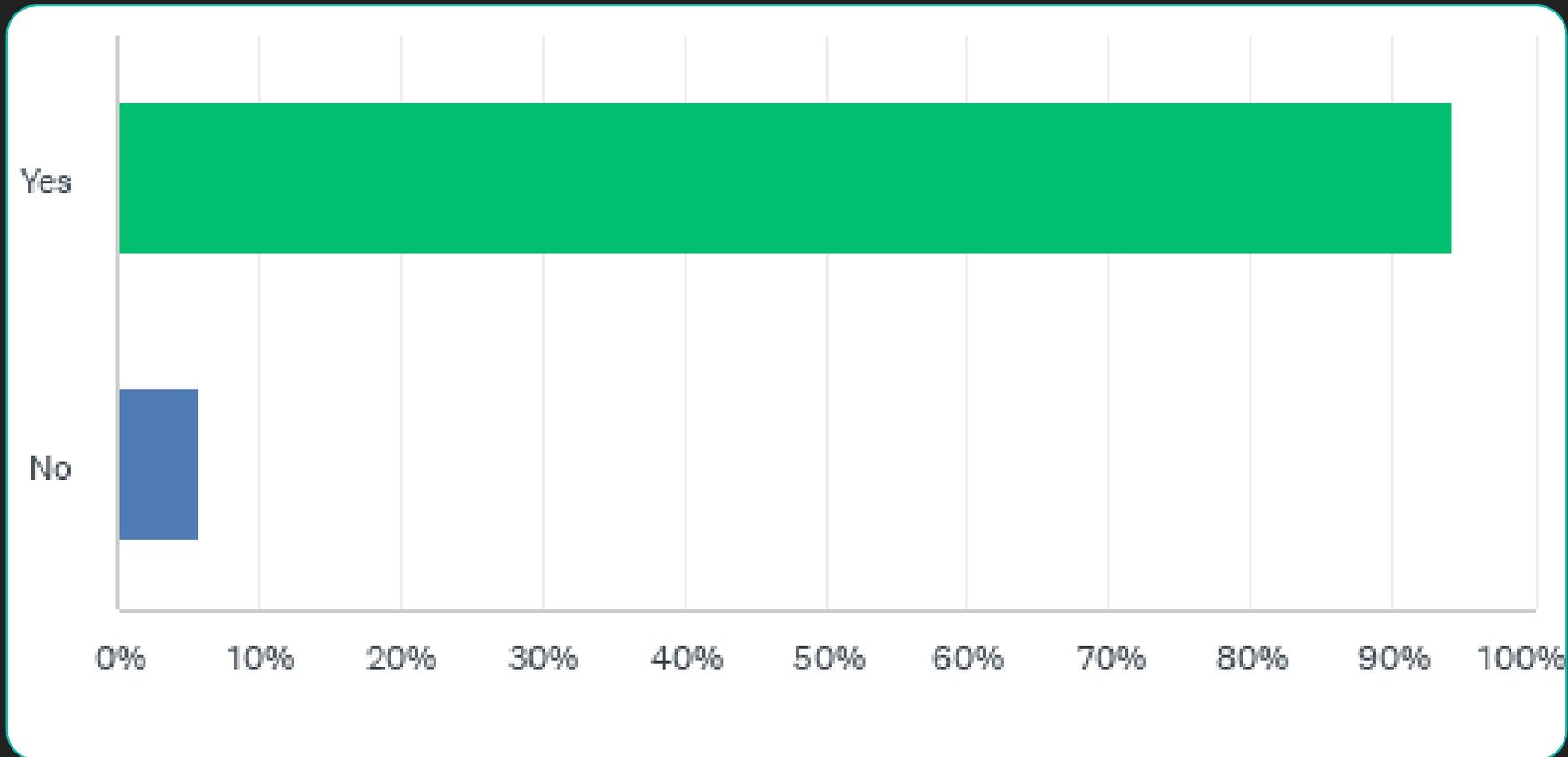
# DO YOU FEEL THERE ARE ADEQUATE RESOURCES AVAILABLE TO MEET THE NEEDS OF THE CLIENTS ON YOUR CASELOAD?

ALMOST 50% OF RESPONSES SAID NO, HERE ARE THEIR COMMENTS:

I believe that there needs to be more housing resources available to clients.
Housing is a huge concern. I feel that more resources should be available when dealing with the homeless population or someone that was in an emergency situation and lost housing or their job. We have the resources, but when we reach out to certain agencies only to be told they don't have the resources available, or client is not eligible due to lack of income.
Housing is an area which there is not sufficient resources
As part B case manager, resources from part A are needed. Exam. Oral Health vouchers, bus/taxi transportation.
Client needs are specific and based per individual. RW has a standard availability of resources that should be adjustable per client's direct need.
Due to Covid-19 and other financial issues clients are in need but for things that RW does not cover due to being last resource. An example mortgage assistance not just for arrearages but the next payments.
There is not enough assistance or funding for housing. The caps are low on the EFA funding and client need more assistance to pay bills.
Need more Housing resources. Majority of these clients are collecting SSD or disability. As a result they are living beyond their means. Subsidized housing is needed
The resources are good
Many of our clients in need of basic housing services do not have access to a direct housing program to request an intake. All clients are referred to 211Info-line, however our homeless clients remained homeless due to lack of follow up return calls to schedule a homeless/housing need intake.

Housing is always a challenge
No there are not. For rent assistance we have to go through a lot of work with ACT. 30 pages application, most likely one day. Not enough assistance to pay clients copayments and deductibles.
More Ryan White Funding is needed.
Stamford has limited sources which creates stress on staff in locating available resources for client since we are required to locate resources before we are able to financially assist clients.
Some resources have closed because of COVID. There are clients that are undocumented that can not receive any assistance with anything rather it's rent, medical, utilities anything of that nature because of their status
Many of the services my clients need, such as housing and immigration services, are either scarce or very expensive.
More support services needed.
There is always room for more resources. The more the merrier.
Some, such as, CADAP for medications, EFA to help clients with utilities, especially UI increase.

# ARE CLIENTS ACCOUNTABLE AND/OR AWARE OF THE ROLE THEY PLAY IN THEIR CARE AND HEALTH OUTCOMES?



# DOES THE NUMBER OF ADMINISTRATIVE DUTIES AFFECT THE SERVICES PROVIDED TO CLIENTS?

ALMOST 75% OF RESPONSES SAID YES, HERE ARE THEIR COMMENTS:

Yes, sometimes when we are required to complete numerous surveys in a short period of time, and it can interfere in the amount of time spent with clients. Requested information can be repetitive and time consuming

Not enough time to see clients due to the amount of paperwork.

Time seems to be for Data and Reports and paperwork. The one on one with clients is very limited. It seems that the important thing to do is have the Data first, clients come second.

at times the number of meetings and trainings conflict with the work we could be doing for our clients.

It's a lot of paperwork/administrative work that's required and not enough time to get to know client. It' all paperwork and question from the assessment. Too many number of clients expected. It's always a rush to do something for the client because of the paperwork and number of clients.

As RW MCM are required to complete an increase numbers of surveys, or other RW service data collected markers; I feel it leaves little time to provide Client/Patient within person supportive care & follow up that would allow an MCM to form a connection with a Client/Patient. It leaves little time to provide our most vulnerable clients with information that may provide empowerment with their ongoing HIV self care.

Yes. The paperwork needed to serve a client keeps getting expanded. Clients have no interest in paperwork. They only want their needs met. The paperwork can be overwhelming for clients. We have to sometimes do it in 2 parts. For some clients. Anxiety, MH, substance abuse, life issues. Make it difficult for some to sit through paperwork in one session.

To much paperwork no time for clients!!!

Often, we are given tight deadlines to provide information required by RW. Increased integration of CAREWare, e2 and other EHR's could help in this regard.

Demands are always changing. Entering information in Careware and paper charts is double the work. The amount of paperwork we have to complete and are responsible for takes away from our ability to adequately serve our clients. It basically keeps us behind our desk instead of us attending appointments or looking for out of care clients.

There is not enough time to complete tasks and overtime is not offered

Too much paperwork and having to use 2 systems and a paper trail takes away from time that could be spent more efficiently when meeting with clients

COVID had an effect on all services. You are expected to get things done with limited services when people are frightened to go out or come in to see you no matter what. Administrative duties meaning those who runs the Ryan White Program from a distance?

Paperwork and documentation does take a lot of time that could be used for providing services for clients.

There are too many administrative duties and other requirements that make it very difficult to balance a large case load of 45+ clients. It takes time away from being able to provide care, support services & linkage to client's who may need it.

the amount of paperwork and things away from servicing clients most definitely take away.

In some ways yes. There is a lot of documentation involved after support is provided, and this does take up a lot of time. At the moment, the company EHR does not sync up to Careware and therefore there is double work to input services, documentation, and notes.

Administrators have to explain the services and instructions to clients to maintain their health.

At times it can interfere with patient care but with effective time management it works out in the end.

# WHAT ADDITIONAL TRAINING AND SUPPORT WOULD HELP YOU TO BE MORE EFFECTIVE IN YOUR JOB?

Cultural competence
LGBTQ
I would like to see more trainings being offered for any updated insurance information and also on CADAP/CIPA
Additional available resources within the New Haven Area
Medical case management training
training in careware and paperwork
Unsure At this time
Effective communication skills
Trainings surrounding post-pandemic workplace returns. Training on ways to manage stress in the workplace. Refresher training on team building and support in the workplace.
Training on Date requirements, computer programs, time management and organizational skills.
Self care and boundaries .Medical Cannabis , Trauma informed STI's,, Grief transference and AfterCare
different levels of mental health and substance abuse
Medical case management notes
More trainings
It would help to have effective training either in person or via Zoom Webinar of all upgraded or changes made to program data collection, and data entry. It would be helpful for MCM to review Department of Social Service Enrollment to Benefit & Eligibility changes, or training on processing online DSS benefit service enrollment. Including training on assisting client with Medicaid part A & C benefits. It would be helpful to obtain ongoing Medicare Enrollment & Benefit eligibility understanding to assist client eligible for Medicare transition
none that I can think of at this time.
Updated CAREWare training, insurance training, CIPA traning, CADAP, all annual trainings

Continuing education
With all the paperwork we have to do. Unfortunately there in no time for trainings even that I love trainings
More training's for case managers in regards to reporting. We seem to get the information as it trickles down which leads to confusion and having to head back to the source in order to receive the proper information.
CareWare trainings
We complete regular internal training and supplement with external training, i.e. ACE TA Center. I am not sure if the Planning Council holds training but it would be nice.
We receive support from our immediae supervisors. We need more support from our funding source Part A.
I would like things to be more consistent. Thus not changing tasks and when something is done (redoing things that have already been done)
We are provided with a lot of training. The support on the other hand is questionable
Motivational interviewing trainings.
crisis and behavioral health training. Insurance eligibility training.
It helps to have continual learning as new things develop. I would appreciate organizational tips as well, such as project management tips.
Trainings on new forms to complete with clients. Know ahead of time when forms will change and the intake will take longer.
Additional trainings that should be provided would be time management for case managers and more education for clients regarding our services.

# HOW CAN WE IMPROVE COLLABORATIONS WITH OTHER AGENCIES?

More effective communication within other agencies

More regional trainings

By making sure information is updated in the appropriate systems and if clients are case managed then they should report to their case managers and not go from one agency to another for services when they can't reach their case manager. **\*\*Maybe for emergency purposes only\*\***

communication

Having better communication is a plus. When requesting information, surveys, to do it with enough time in order to be able to provide accurate information

Constant communication and updates between agencies

Program managers/coordinators should MEET monthly to update on new agency information. ex: new employees, agency trainings open to outside agencies, and also agency incidents that may help another agency avoid.

Better communication

more trainings

better work with one another other Casemanagers are not willing to work together for fear that you want to take there client away from them

If every one attend the region 2 continuum meeting. That is a great place to start @ to build on resources

Communication

Increased the participation in Health fairs, networking meetings,

Collaboration with other agencies begin with an invitation to each other facility for a discussion of what each program does, and how we can coordinate eligible clients for a referral

continued meetings are good.

Have a central website . Which lists services and programs, funding available at other agencies

use just one system for both sources. Reduce paperwork and give us more time for clients. I used to be able to go to doctors appointments and give them more quality time now it's all about papers no clients

Careware sharing should be obsolete. It takes too long to get a response and multiple calls just to get recognized. If we share a mutual client we should be able to automatically share, especially when it comes to labs and things that we need for our charts.

Events

I think a master list of agencies with the type of funding, region, and contact numbers for individuals would be extremely helpful. The planning council can actively also encourage cooperation between agencies with different funding sources.

We have a good collaborations with our providers and community organizations.

Maybe have quarterly meetings

Communication is key

Host events co-sponsored by other agencies such as testing event.

outreach and linkage with agencies that can help our clients with EFA and other support services.

two meeting a year between all regions

Open communication is helpful. Informing all groups of new changes as they happen, without too many gaps of time in between. Utilizing group coordinators as point persons, similar to a liaisons so that everyone gets the same information.

Meetings

Other collaborations will improve with other agencies when everyone begins to work together and not against each other or feel this is a competition. Whether they are within the same region or not, inclusivity is important with all agencies since we are all passionate about assisting the population we are serving.

# WHAT SERVICE NEEDS ARE YOU HEARING FROM YOUR CLIENTS THAT RYAN WHITE DOES NOT PROVIDE?

Services should be expanded and adapted to reflect the aging HIV population and their needs.
We need an increase in dental funds. We are required to have all client go to the dentist but funding is not enough for all the clients we serve.
Not enough money for housing
Nutritionist
Why are there a limit on the services provided?
Assistance with obtaining legal status in the US
Medical services for client's who don't qualify for insurance such as vision, gastroenterology, pulmonology, etc...
dental
I am hearing needs for housing assistance. Clients that are not currently working are seeking this support. I also have clients seeking food assistance.
A RW insurance package that's affordable to budget. Assistance with monthly affordable rent. help with gas for medical appts and parking.
Gas cards should be provided for those who own a vehicle.
medical bill caps should be higher
Home health aide type of services. Assistance with cleaning and cooking. Things of that nature.
phone, car insurance, Gas cards
medical bill caps should be higher
Home health aide type of services. Assistance with cleaning and cooking. Things of that nature.
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Household goods
Housing is one of the main concerns, sometimes insurance can be an issue (where as clients are over income and therefore can't get CIPA assistance to help with insurance premiums. Sometimes issues with VEYO transportation-the lengthy wait time
Clients need more money towards medical needs and medication.
More Walmart food vouchers, gift cards for Dunkin Donut, Dental assistance with root canal.
Resources for furniture (used or new). Assistance with furthering education. Housing units/vouchers.
Some medications, vaccinations, or financial assistance.
Assistance with toiletries and clients with cars need assistance obtaining gas for their cars. Clients who are hospitalized need assistance with personal hygiene products
monthly food cards monthly help toward rent or cell phone
Ryan White personal insurance when client does not qualify for other medical insurances.
Financial Literacy Program - Representative Payee Support to assist client with managing income/expenses.
assistance with deposits for apartment rentals
More housing, service is provided but not enough
Housing

# WHAT SERVICE NEEDS ARE YOU HEARING FROM YOUR CLIENTS THAT RYAN WHITE DOES NOT PROVIDE ENOUGH OF?

Housing
housing
Housing resources Sometimes assistance with EFA and more food pantries
Food Vouchers, Rent arrears
Expenses for dental payments
food vouchers
Food vouchers-some clients wants them every month
Supportive services (food voucher amount, utility bill assistance maximum amount, and housing assistance).
Housing funds. Additional funding for food and utilities.
Utilities need to be a shut off not preventive and clients want prevention assistance and at times their bills are are extremely high and RW will not assist then.
housing
Food and housing
food cards clients are asking for more than every 3 months
Housing, HOPWA , section 8
Gift cards for personal items
Permanent Housing, free dental services in the New Haven area for uninsured individuals
Expand Shelters/Supportive Housing, Extended RW Financial Assistance, Expanded Dental Care to include Dentures/ Crowns. Assist clients/patient with financial cost to access to pain management programs; this includes & not limited too coordinating access to programs dispensing medical marijuana for CBD infuse food products. (This service should be included with question 8)

housing and dental funding
Housing
Dental, EFA
medical bills.
Dental money. Clients are not really comfortable with having to pick a universal provider in a town that is not familiar to them. I have had clients opt out if they could not use their particular dentist.
More housing and utility funds were requested by clients that met their annual cap before the year ended.
Transportation and food vouchers.
During Covid we had a few clients that asked for assistance with their mortgages. We have had an increase in request for co-pays/deductibles but funding is limited.
Money for housing
Rental Assistance, not from ACT, Food, Dental( those without insurance)and Medical
Housing subsidies
housing.
bus passes
Housing and utility assistance

# QUESTIONS & DISCUSSION

